

CLAIMS ONLY

SERIAL NO. _____

FILING DATE _____

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
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48	/					
49						
50						
TOTAL IND.	3					
TOTAL DEP.	1	↔	↓		↔	↓
TOTAL CLAIMS	2	↔	↓		↔	↓

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.		↔	↓		↔	↓
TOTAL CLAIMS		↔	↓		↔	↓

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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